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ORIGINAL ARTICLES:

	PAGE
Varices of the Vulva and Hemorrhages Consecutive to their Rupture. <i>By Thomas H. Manley, M.D.</i>	765
Drink Neutral Waters or Distilled Water—Fatty Heart. <i>By John A. Cutter, M.D.</i>	768

EDITORIAL:

A General Medical Law for the United States. <i>T. H. M.</i>	770
Specific Medication	771

BOOK NOTES:

Specific Diagnosis: A Study of Disease with Special Reference to the Administration of Remedies. <i>Scudder</i>	772
Specific Medication and Specific Medicines. <i>Scudder</i>	772
Introduction to the Catalogue of the Collection of Calculi of the Bladder, Upwards of 1000 in Number (Besides Foreign Bodies) Removed by Operation. <i>Thompson</i>	772

BUREAU OF INFORMATION:

Cholera Infantum. <i>J. M. Speed, M.D.</i>	772
Impotence	772
Mastitis: Rabbit Skins. <i>W. L. Gilbert, M.D.</i>	773
Mitral Insufficiency. <i>H. W. T.</i>	774
Hay Fever. <i>Truman Coates, M.D.</i>	774
The College of Physicians and Surgeons of Boston. <i>H.</i>	774

THE MEDICAL DIGEST:

	PAGE
Enterorrhaphy. <i>Senn</i>	768
Salol as an Intestinal Antiseptic. <i>Symptom</i>	775
The Role of the Posterior Urethra in Chronic Urethritis	777
Bromoform in Whooping Cough	777
Treatment of Infantile Convulsions	778
A New Method for Determining the Fatty Matter of Milk	778
Malignant Endocarditis After Gonorrhea. <i>Med. Press</i>	779
The Treatment of Cholera. <i>Med. Press</i>	780
Transport of Corpses. <i>Med. Press</i>	780
Samaritan Congress. <i>Med. Press</i>	780
Hæmoglobin in Syphilis. <i>Med. Press</i>	780
A New Method for the Radical Cure of Varicose Veins. <i>Laplace</i>	781
Ocular Affections in Cerebro-Spinal Fever. <i>Randolph</i>	782
Typhoid Fever. <i>Crouch</i>	782
Prescriptions. <i>Practitioner</i>	783
The Congress on Tuberculosis. <i>Med. Press</i>	783

NEWS:

Death as it is	786
Sequel to the Trouble in the College of Physicians and Surgeons, Boston, Mass.	786
Sung Songs to Cure a Sick Baby	787
Proposed Organization of Medical Journal Publishers	787
Notice	787
Medico-Chirurgical News	788
Weekly Report of Interments	788

Original Article.

VARICES OF THE VULVA AND HEMORRHAGES CONSECUTIVE TO THEIR RUPTURE.

By THOMAS H. MANLEY, M. D.

NOT long since in an editorial we briefly reviewed puerperal hemorrhage. Since then a superb article has been presented on the subject (*L'Union Médicale du Canada, Mai '93*), by Dr. Adrien Ouimet of Montreal. We are, besides, urged further to return to the subject, because while our country continues to prosper and grow in population, we must encourage the multiplication of offspring, and properly train ourselves to guard the mother against many of the dangers which beset her during the puerperium.

We will commence and end our observations at present in that type of hemorrhage which is located at the vaginal outlet.

Dr. Ouimet says that varices may occupy the labium majus, clitoris, prepuce and the nymphæ, either separately or simultaneously; but that as a rule, they are disseminated through the labium of one side at one time.

M. Budin found that they usually occupy by predilection, the fold which separates the larger from the lesser lip of the vulva, and rarely extend to the fourchette. Sometimes the veins of the clitoris alone are engaged. They are superficial, thin-walled and often rupture. The special symptoms of varices of the clitoris are intense and insupportable itching.

Varices of the vulva habitually coincide with those of the lower limb. They most commonly make their appearance with the first pregnancy, though they may be found in the virgin. These dilated veins vary in their appearance and volume, from regular small involuted masses, to very large, knotty formations. In general they cause little inconvenience; but in not a few they produce a most uncomfortable feeling, and a dragging sensation, when one is much in the standing posture; besides they may lead to very grave accidents. The diagnosis of varices and venous thrombi is very easy. Varices as a rule, form slowly; while thrombi may develop brusquely. Vulvar varices of themselves cannot be said to constitute a serious infirmity, but their complications are what give them a serious aspect.

The rapid growth of varices commences simultaneously with the incipency of pregnancy. The general augmentation of the circulation, foetal compression of the pelvic vessels, interruption of the circulation, all hasten the afflux which end in "broken-veins" of the vulva.

Grave complications of vulvar varices arise:

- 1st. *During pregnancy.*
- 2nd. *During labor.*
- 3rd. *After labor.*

RUPTURE OF VARICES DURING PREGNANCY.

It is generally during the latter months of pregnancy that rupture occurs. Up to this time their walls offer sufficient resistance to prevent a break. But now they are greatly distended; their walls are tense, brittle and thin. The site at which they give way is at the superior end of the interlabial sulcus. On rupture the leakage may be gradual or come in torrents.

A sudden blow, a shock, sudden contact with an object may now burst them. Intemperate, violent intercourse assimilating to a traumatism may burst them.

Simpson has reported a case which ended mortally, from rupture, during intercourse.

Budin reports several cases of serious hemorrhage from these varices after coitus. Straining at stool, of that forcible description necessary in pregnancy, in the last stages, is a fruitful cause of their rupture. The violent scratching, to relieve the incessant itching which they cause, also provokes bleeding from them.

We may confound a vulvar hemorrhage during pregnancy with an endometrium, that from polypi, tumors of the uterus or ovaries. The hemorrhage of an abortion is readily recognized, when a proper examination is made. In all sudden hemorrhages from the vagina, without apparent cause, an inspection of the vulva should be immediately made, for varicose hemorrhage from the labium is often promptly fatal.

The prognosis for the mother in this hemorrhage is extremely grave. M. Budin had knowledge of nine cases, with seven deaths.

In eighteen cases cited by Villier, eleven were mortal. The gravity of these cases is augmented by the sudden onset and abundance of hemorrhage; so that, in many, before professional aid is called mortal syncope has set in. In the country, for instance, at a distance from skilled accoucheurs, before it can be had all is lost. Aid comes too late. One hour from its onset and the patient is dead.

RUPTURE OF VARICES DURING LABOR.

Rupture is common as the head descends and engages in the lower arc of Carus; or just as it passes the vaginal outlet.

The diagnosis of this accident should be simple; though strange to say, it is often mistaken for a placenta previa. The infant is suddenly turned and strangled, to accelerate labor, but in vain; when it is too late the real site is discovered.

RUPTURE AFTER ACCOUCHEMENT.

Hemorrhage after labor, though seldom of this type, may however occur. It is rarely voluminous; but it escapes in sufficient quantity to induce a most pernicious type of anemia, and develop a very serious phase of chronic invalidism.

TREATMENT.

To meet this condition with a rational therapy, we must just as fast as possible remove the cause. Certainly when a vessel has burst, prompt pressure must be employed. But, we may obviate rupture by care. If our patient have proctitis, use cocaine solution, or other local application. Keep our patient off her feet as much as possible; avoid straining in micturition and defecation, and direct abstention or moderation in coitus. Tarnier, for very aggravated cases recommends the dorsal decubitus; with firm pressure of the "T" bandage. The patient should be taught, if rupture is feared, to use prompt compression with her own fingers until succor arrives. If the loss of blood has been great when we arrive, then we should treat the case as we would any other of acute exsanguination. Formal indications for treatment are always re-

vealed by a minute and rigorous examination.

By all means then let it be better known, let authors and teachers awake to the fact that there are frequent, dangerous and 'speedy hemorrhages, besides those which originate in the uterus. Let it be known too, that these are often terribly mortal; but that they are in every case easily accessible and always controllable, when we are on the alert for them, recognizing their origin and tendencies.

NEW YORK CITY.

DRINK NEUTRAL WATERS OR DISTILLED WATER—FATTY HEART.

THIS is a great era of *mineral waters* (as if all water was not mineral), or, to be more specific, an era of drinking waters charged with salts, or with gases, or both, in many combinations.

A case of mine, who a year and a half ago was suffering from renal colic, was placed on a regimen to prevent the same; neutral waters were ordered to be drunk freely; beer and all malt liquors stopped, wines also; if he had to drink alcohol, he was told to drink distilled liquors; in his case the drinking of beer or the eating of several vegetables at a meal would bring on attacks of renal pain, later accompanied with the passage of renal gravel and blood.

Of late his trouble has increased, and I found that he had been selling and drinking largely one of the so-called mineral waters, which was claimed to be a specific for uric acid, renal calculi, and contained 240 grains of salts to the gallon of water. The urine, which had previously been *fairly normal* (I use the words advisedly, as the urine of middle aged men is rarely normal), now alternated with albumen and casts day by day; *large amounts of uric acid were passed*. He was brought right down to nothing but neutral water for drinks, taking the hygeia distilled water, with beef and rice or beef and toasted bread. This diet he will be kept on till I am satisfied his kidneys are working freely. with no tendency to fatty degeneration.

By the way, every case of fatty or fibroid degeneration of the kidneys—that

I have ever come across has done better the more beef is fed to them than on any other diet. Such feeding is far superior to milk. This opinion is based on examinations of urine, made in some cases daily for months. Is it not about time physicians recognize that beef, properly cooked, does not cause uremia; but that uremia is due to feeding foods that ferment into gases (carbonic acid, sulphydric acid, etc.), which partly paralyze the kidneys?

Your article on fatty heart interests me. This is a more or less common complaint, and with enlarged heart will be more common as the modern craze for athletics increases.

Fatty heart and enlarged heart are curable; valvular lesion is curable. Once when a student I had to examine a complex case of heart disease; was quizzed the next day by the professor of medicine, and when I found certain things alone, was corrected; the professor stating that there should be a certain murmur present. I stuck stoutly to my position, as I was nettled, and it then transpired that the professor had not examined the case in a number of months, *and the valvular murmur had disappeared under tonics and rest*.

Before I graduated I saw my father examine a case of hemoptysis, and he found the blood to be non-tuberculous; the heart was enlarged and weak, from over-work, bad feeding and previous athletics. Three months of feeding mainly on beef brought the heart to the normal size.

Lately a case of heart murmur came under my care, which had been doctored for malaria on account of headache. This murmur disappeared in four weeks' time.

As to cutting down the use of water in fatty heart, I cannot wholly agree with my distinguished friend, Dr. Waugh. If the urine is of a specific gravity above 1020, loaded with salts, and if the blood morphology is such that the red corpuscles are more or less huddled together in masses, and the fibrin filaments are increased in length and thickness, I believe from my clinical experience, it is better to put more neutral water into the system; because the capillaries are

1-3000th of an inch in diameter and the red corpuscles are 1-3200th of an inch in diameter. It appears to me that one reason the heart is enlarged and irritable is because it has had too much work to do, to pump this abnormal, sticky, ropy blood, through thousands and thousands of miles of capillaries. In consumption with enlarged heart, by dieting to make the blood normal, I have seen the left chest wall decrease in size; because the heart had come down to a normal size, because the blood had been freed from emboli of vinegar yeast, emboli of fibrin and emboli of massed red blood corpuscles.

My offices down town in New York make me see many men who are walking straight and fast to the grave; their sudden deaths from pneumonia, heart-failure, heart-rupture, apoplexy and Bright's disease, ought to be prevented; but so long as men will eat till their bodies are more disgusting to the eye than over-fat hogs, with ears protruding out of rings of fat, double chins, gross bellies, so long will they die long before their time. It has been said that text books are far behind the times in medicine; they certainly will be, so long as they continue to classify many diseases under the head of inflammations, when they are purely degenerations of tissues due to removable causes. In conclusion, in fatty heart, I believe the indications for the amount of liquor to be ingested should be the condition of the blood and of the urine.

In the blood, we should find under the microscope, red blood corpuscles ruby colored, outlines distinct, free, and not huddled or stuck together; no masses of fibrin or crystals present. This is for health.

The urine flowing at a specific gravity of 1020 to 1015; free from bile or deposit of any salts; this is for health, and is possible and probable under careful watching and the patient's obeying orders. Moreover we are 75 per cent. water. But do not give water charged with gases to torment the heart or with salts to clog the blood and emunctories.

JOHN A. CUTTER, M. D.

EQUITABLE BUILDING, NEW YORK, AUGUST 23d, 1898.

ENTERORRHAPHY.

Enough has been said on the history and technique of the intestinal suture to show how much study, time, ingenuity and experimentation have been expended in its perfection, and yet the task has not been completed. The search for new sutures and their substitutes at the present time is sufficient proof, that perfection has not been reached. Deviation from the legitimate path of investigation has done much towards retarding genuine progress. In this light must be viewed all attempts to ignore the principles established by Lembert and the employment of such foreign substances in the intestinal canal as means of approximation that necessarily produce gangrene, and of sufficient size to constitute an intrinsic source or danger. In the treatment of longitudinal and incomplete transverse wounds suturing by Czerny-Lembert sutures yields the best results. If time is an important factor a single row of Lembert stitches will answer the purpose. About six sutures to the inch are required. Halsted's advice to include in the stitches fibers of the firm sub-mucous coat is important and should never be ignored. As a rule the line of suturing should be transversely to the long axis of the bowel in order not to encroach too much upon its lumen. Fine aseptic silks and ordinary sewing needles are to be employed. The inner row of sutures must include all tunics of the bowel with the exception of the peritoneum; the outer, all of the tunics minus the mucous membrane. The inner sutures ulcerate through into the bowel, the outer become encysted. Interrupted sutures are safer than the continuous, but in prolonged operations and when the patient is feeble, the latter can be substituted for the former as a time saving measure. Extravasation during the operation is best prevented by digital or elastic compression on each side of the wound. The latter is made by passing a piece of fine aseptic rubber tubing through an opening in the mesentery made with a piece of hemostatic forceps, and tied around the bowel sufficiently firm to prevent escape of its contents.

If the bowel is completely divided its

continuity can be restored with the greatest degree of safety by circular enterorrhaphy or invagination by the author's method. The latter is not applicable in operations for intestinal obstruction, as in that case the upper end of the bowel is larger than the lower into which the invagination must be made. Before suturing is commenced each end of the bowel should be beveled at the expense of the convex side, as advised by Madelung many years ago, as by doing so there is less danger of the sutures causing a dangerous degree of stenosis and the liability to marginal gangrene on the convex side is also greatly diminished thereby. If the lumina of the bowel ends are unequal in size, the obliquity should be greatest on the side of the small end. Circular suturing is performed in the same manner as suturing of incomplete wounds. The greatest care is required on the mesenteric side, as it is here where perforations occur most frequently. After applying the deep row of sutures the first Lembert stitches are applied on each side of the mesenteric attachment in order to secure serous approximation in this locality. The Lembert stitches must be tied only with sufficient firmness to approximate the serous surfaces without subjecting the included tissues to harmful linear compression. Puncturing of visible vessels should be avoided as much as possible. The mesentery is sutured in such a manner that it will aid in holding together the sutured end. Senn ("Intestinal Surgery," Chicago, 1889) has proposed and practiced omental grafting as a valuable aid in circular suturing. This additional protection against perforation and peritonitis is especially indicated when the tissues at the place of suturing have undergone pathological changes in consequence of intestinal obstruction or inflammation. A strip of omentum about an inch wide and long enough to cover the entire circumference of the bowel is used for this purpose. Prior to planting the graft the serous surface of the bowel half an inch from the line of sutures on each side is scarified, and the under surface of the graft is dealt with in the same way. The graft is fastened by two catgut sutures on the mesenteric side, including

the mesentery and both ends of the graft. The stitches are made parallel to the mesenteric vessels. The grafts become firmly adherent within a few hours, and and in the course of one or two days are vascularized by new vessels growing into them from the scarified surface of the bowel. If any internal aids to circular suturing are used they should be composed of absorbable material and employed in such a way as not to produce marginal gangrene, and with a central opening large enough to allow free fecal circulation. I cannot but regard mechanical supports made of metallic substances as dangerous. The objections made to them do not apply with equal force to the decalcified bone tube of Neuber, the sleeve button of the same material, of Sachs and Littlewood, and the bobbins of decalcified bone of Robson. These appliances merit a trial and will undoubtedly be improved upon in the future.

Lateral anastomosis as a surgical procedure has a great future. I still remain partial to the use of decalcified bone plates as a substitute in part for sutures. Abbe has discarded the use of his catgut ring and now advocates long incisions and suturing. If the plates are made with an oval perforation three inches in length the same object is realized in a much shorter time and with a greater degree of safety. I never had any faith in rings as a means of approximation. The plates bring into accurate contact large serous surfaces and serve at the same time as splints for the injured part. They serve the double purpose of sutures and splints. The other appliances of decalcified bone that have been enumerated may answer the same purpose as the anastomosis plates, but with none of them can the pressure to which the included margins of the visceral wounds are subjected be regulated with the same degree of certainty, and none of them approach so near the function of splints. I have no doubt that future experiments will result in the discovery of other and safer appliances that will be vastly superior to anything I have mentioned, and that if they do not abolish, will at least greatly limit the present field of the intestinal suture.

—N. Senn, *Jour. Am. Med. Assoc.*

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WILLIAM F. WAUGH, A. M., M. D.,

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PHILADELPHIA, SEPTEMBER 2, 1893.

A GENERAL MEDICAL LAW FOR THE UNITED STATES.

NOW that several different states in our Union have secured legislation on the question of securing a uniform standard for all commencing the practice of medicine, the importance of a national medical law is again forced on us.

France, Germany and Great Britain have each certain conditions to which all in those countries must conform before they are permitted to practice the healing art.

In this great so-called free country of ours, one may occupy a prominent position in his profession, or he may occupy a more humble place in the ranks of honest plodders, when for some climatic reason, perchance, he wishes to change his domicile; move a few miles away from his former abode perhaps; when he must go through his A B C's again, and give the latest hobbies and visionary notions extant on the morphological characters,

chemical elements and pathogenic properties of some unpronounceable microscopical atom of the germ series. If he fails in this he must submit to the humiliation of a rejection.

We have from the beginning uncompromisingly opposed every species of state medical laws, regardless of whatever guise they have been presented to us.

We have always held and do now, that it was for the medical profession, as with the churches and other crafts, to regulate its own standard, without state interference. But they have been forced on us, because they operated well, in effete poverty stricken Europe. However we want nothing from the East; and our enormous swift progress and happiness are a living protest against the accursed laws that Europeans would force on us.

In the meantime we will keep a weather eye on Pennsylvania and New York, those formerly great medical centres, and watch to see how that policy will operate of throwing a Chinese wall around their borders to keep out practitioners, while at the same time they are eagerly clamoring for students. But to the subject proper: Is a general medical law practicable for this whole country?

After a complete consideration of the subject, we must answer emphatically, No! The wants and demands, the production and wealth, and needs of the various sections of this country are not the same. Each section is a province to itself, as it were; and even at this very hour, a sweltering Congress is attempting the unattainable financial feat of pressing through a measure which is certain, for a time at least, of crippling the industries of the western states; and hence the reason too, that blatant politicians promise the impossible task of providing a tariff which will not directly or indirectly cripple some section of this country.

No, no general medical law is or ever will be practicable for this colossal republic; however, there is room for medical courtesy and reciprocity. The time has arrived when those of rapacious maws and stingy hands have come under the flash light of professional criticism; which will indiscriminately expose the strong as well as the weak. T. H. M.

SPECIFIC MEDICATION.

THE two greatest enemies to progress in therapeutics have been the nihilism of the Vienna school and the doctrine of general principles. Nihilism arose from the engrossing study of pathology, and the limitations of the human intellect. After the profound investigations of pathology, assuming more and more the aspect of a science approximating exactness, the experimental tests of medicinal agents, with questionable, variable, often incomprehensible results, offered little incentive to study.

Nevertheless, every fact has its value, and the recorded experience of countless clinicians must be held as evidence; all the more since men have become scientifically trained as observers, and have learned to apply the rules of logic to their deductions. Experimental physiology and therapeutics have done their part in establishing a foundation; and we may now say that the way is open for the establishment of clinical therapeutics as a true science.

The therapeutic nihilist says: "As I am not sure that any method of treatment will alter favorably the pathological condition, we will do nothing; but let the disease take its course." The physician says: "We may not make definite promises, but will do our best, with the remedies that experience indicates as best suited to your condition." Which does the patient choose? Which is most likely to do good? So long as human

nature remains what it is, the strong, hopeful, sympathetic optimist will carry his patients through to health; while under the cold, critical eye of the pessimist, the chances of recovery will be reduced to a minimum. That a large part of the good done may be due to the moral effect is no reason for refusing to avail oneself of it.

The only possible therapeutic progress is by the way of specific medication. The doctrine of general principles belongs to the age when people wore both shoes alike, and looked upon "rights and lefts" as an effeminate innovation. In these days when pathological processes are minutely studied, and the active principles of drugs separated from the combinations in which they are produced, and their action on the bodily functions has been ascertained, so as to constitute them truly arms of precision, the next step, and the only possible step in advance, is to fit the remedy accurately to the pathological condition present. We can comprehend that, were this once completely accomplished, it would be possible to render medicine as exact a science as the Egyptians considered it; when rules were laid down for every condition of disease. Woe to the priest who dared administer aught but the stated treatment; for if the patient died, so did the priest.

In our own day homœopathy has made an effort to reach this goal; but, based on ignorance of pathology, and infinitesimalism, its mountains of chaff have too little grain to be worth the winnowing.

Eclecticism had, at the outset, no better pathological foundation; but the establishment of their colleges has resulted in the development of some teachers among them, whose abilities and erudition are not to be despised. They have also possessed a rich therapeutic armamentarium, and have been particularly fortun-

ate in the excellence of their preparations; whether in the fresh-herb teas of the earlier practitioners, or the green-herb extracts made by Lloyd, Merrell and Keith. Casting aside as unworthy of serious consideration the proscription of minerals, we find that the eclectics have enriched our pharmacopœia with numerous drugs, and have endeavored to systematize their uses by an attempt at specific medication.

A glance at the works noted in our book department, which may be considered as the epitome of all there is of value in Eclecticism, reveals some suggestions that are sufficiently plausible to warrant their trial. Many of these have been already tried, and are now embodied in the newer systematic treatises on therapeutics. It is not creditable to this school that the specific indications laid down are so few in number. Many of the drugs of which extensive use is made are not yet sufficiently studied to be prescribed intelligently. Nevertheless, to the doctor who boasts that he can practise medicine with five drugs, these books would open up a new world; and perhaps awaken a little self questioning, as to whether he had been doing his whole duty to his patients. Ringer, Brunton and Bartholow do not limit themselves to five remedies, and the richness of their resources renders their works deservedly popular. The study of our old and new drugs, in their clinical uses, offers a rich field for the physician, and one that will well repay cultivation.

Book Notes.

SPECIFIC DIAGNOSIS: A STUDY OF DISEASE, WITH SPECIAL REFERENCE TO THE ADMINISTRATION OF REMEDIES. By John M. Scudder, M. D. 9th edition, 1893. John M. Scudder & Sons, Cincinnati, Ohio. Medical Publishers, Cloth 12 mo. pp 387. Price \$2.50.

SPECIFIC MEDICATION AND SPECIFIC MEDICINES. By John M. Scudder, M. D. 14th edition. (Same publishers.) Cloth, 12 mo. 432 pp. Price \$2.50.

INTRODUCTION TO THE CATALOGUE OF THE COLLECTION OF CALCULI OF THE BLADDER, UPWARDS OF 1000 IN NUMBER (BESIDES FOREIGN BODIES) REMOVED BY OPERATION. By Sir Henry Thompson. London: J. & A. Churchill, 1893.

This "introduction" embodies the statistics of this vast number of operations, performed during 35 years of practice; with some details as to cases of special interest.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,
TIMES AND REGISTER,

1725 ARCH STREET, Philadelphia, Pa.

CHOLERA INFANTUM.

I WOULD be very thankful if you would write me your treatment in full (specifying doses), of cholera infantum; as it is very fatal in our community. By complying with the above you will confer quite a favor on

J. M. SPEED, M. D.

SHARLEY, TEX.

[This has been given in full in the TIMES & REGISTER of July 22d, in the article entitled: "Summer and its Emergencies." A copy will be forwarded.—W. F. W.]

IMPOTENCE.

A STUBBORN case has come into my hands lately, which seems peculiar from the fact that I cannot get any response from treatment, although I try to keep posted on the latest literature and drugs. I would feel very grateful if you would kindly give me a few hints which may be of assistance to me.

Case—Man aged 42 years, 5 feet 10 inches high, weight 200 lbs. light complexion and hair, good habits, takes a glass of spirits at bed-time, smokes, married 16 years, has one child, no more from choice, living an active out-door life, family history excellent, no venereal trouble except gonorrhœa twenty years

ago, which was excellently recovered from, masturbated some when young, never had involuntary emissions, all the functions in splendid condition, never was sick, never indulged in sexual excesses. About a year ago he noticed that sexual desire was slightly diminished, also that erections were imperfect, testicles a little decreased in size, penis much diminished in size and greatly retracted. Now he scarcely ever has an erection. His wife has "got onto" the failing and is rather inclined to tease him, which he says is worse to bear than anything else.

He has been treated by a number of other physicians, and I pretty much believe that he has been taking everything regular and quack. I have been giving sexual tonics, etc., but get no response. I've had no experience with Saw Palmetto or Sanmetto; are they any good and what is the dose?

[Saw palmetto is useless in such cases. I have just succeeded brilliantly by tying a large vein, that emptied the penis faster than the arteries could fill it. The cold sound, galvanism and faradisation of the organs, would be more likely to do good than any drugs.—W. F. W.]

MASTITIS: RABBIT SKINS.

YES I think there is, undoubtedly, truth in the popular idea which ascribes to camphor the power of checking the secretion of the mammary glands.

After recalling my experience with mastitis, I have not remaining the slightest doubt but that your method of handling these cases, by applying locally the phytolacca, when the case is of such a nature that it is thought best not to tamper with the natural function of the gland, and the exhibition of camphor in the same way when nature's breast-pump is not available, is based upon purely scientific medication. At the risk of inviting sarcasm and ridicule for adhering to the "old woman" line of practice, I wish to suggest that which I look upon as a valuable addition to the various lines of treatment, successful though they undoubtedly are, which have already been mentioned. I refer to the application of the skin of some small animal, which has so recently been killed as to still preserve the animal heat. I can readily imagine the curl of

disdain which will disfigure the lips of some of your fastidious city readers, at the bare mention of such a homely means of cure; but it does the work.

Yes, it is repugnant to a refined woman (when she is not undergoing the excruciating pains of a gathered breast); it is wholly *un-antiseptic*; it is often difficult to secure the material; the skins frequently contain vermin and often impregnate the room with their characteristic odor. These obstacles would seem to be insurmountable and yet, I hope I may be pardoned for my temerity, in regarding the relief of the woman's pain and the cure of the diseased breast as being of prior importance. I cannot explain why the skin of a recently killed animal should be superior to absorbent cotton and oiled silk, for this purpose, but I know that it is. A case in my practice, dating only a few days back, will well illustrate that which I wish to make plain, and I cite it without apology for either time or space, well knowing that before many days have passed, some one of your readers will be benefited by what I have written.

I was called on August 3d, to attend in confinement Mrs. E., a primipara, aged 35 years, with very contracted pelvis and with history, as the patient herself assured me, of having gone five weeks over her time. After a labor of nearly twenty-four hours' duration, I delivered her by craniotomy and dismemberment, of a female child weighing, minus the brains, fourteen pounds. (Had she gone over her time and was this the result?) I left her in good condition, thinking I was well out of a bad case. Three days later I was informed that she was having trouble with her breast; and that the camphor, which her mother was applying, had produced no good results. I sent out some phytolacca ointment, and fluid extract phytolacca, for internal use. I saw her in about twenty-four hours, and found the breast enormously distended, hard, and exceeding painful. She had been getting worse all the time; had had no sleep whatever for two nights. I had the husband shoot a rabbit, fortunately this animal was plentiful, and as soon as possible applied the warm skin to the breast. *In fifteen minutes she was asleep.*

I made applications of fresh skins every four hours, and in forty-eight hours the breasts were soft and painless; and the woman, so far as the breasts were concerned, well. Previous to the use of the animal skins, cotton covered with oiled silk had been given a thorough trial. WM. L. GILBERT, M. D.

GOODELL, IOWA.

[It must be remembered that our bureau is for the giving as well as obtaining information; and the editors are as willing as any one else to receive it. This is a new treatment to us, and we would like to hear from those who have tried it. We must warn our readers against trusting the phytolacca of the shops. Get the fresh root, leaves or berries, and prepare your own extracts, tinctures or ointments, if you wish success.—ED. T. & R.]

MITRAL INSUFFICIENCY.

I HAVE a case of mitral regurgitation on my hands, a young man twenty-one years of age, which is taking on a serious aspect. I have nearly exhausted the pharmacopœia in the treatment of it, but the improvement has only been temporary. This case is one of those following acute articular rheumatism, and has dropsy as one of the symptoms. I have endeavored by the use of heart tonics and diuretics to allay this symptom, but it seems without avail. I write to you as I would to my father, for advice, and will be very thankful for any information you can give me as to the treatment.

H. W. T.

[Deposits on the valves may be removed, to an uncertain degree, by the prolonged use of the iodides. I have known the murmur entirely disappear under their use. Dropsy is due to the interference with the circulation, or to the thinness of the blood. For the former, give heart tonics and dry diet, as suggested in my notes on fatty heart. Prevent the anemia by keeping the blood up, with iron and quinine, good rich food, wine or cod-liver oil as needed. Thus the progress of the disease may be delayed, and the heart will continue to do its work for years, if the work be limited to the lowest possible degree. Free living, hard work, violent emotions and plenty of beer, bring such a case to a speedy end. Especially watch for any evidences of rheumatism, as this will increase the trouble.—W. F. W.]

HAY-FEVER.

WITHOUT an idea of presuming on the remarks of the very able editor of the helpful TIMES AND REGISTER, may I add a recent experience in a somewhat similar case to Dr. W. J. Haine's "hay fever." Mr. K., Scotch-

man, aged thirty years, a stone-cutter by trade. Seven years ago on August 7th, while working in Jersey City, he was attacked with hay fever, with marked symptoms of asthma, so that he could not lie in a recumbent posture for seven weeks. This condition recurred yearly, beginning instantly the same day of August, until this year; except one year, when he spent a part of the time on the ocean, when he was exempt while on the voyage.

On first examination, on June 11th, this year, I found marked hypertrophy of the inferior, and extending somewhat over the middle turbinated bodies, with mucous membranes injected, reaching back and including the pharynx, with the general tone of his system below par.

I began systemic treatment with strychnine sulphate, grain $\frac{1}{32}$, syr. hypophosphites, and syrup hydriodic acid, aa ʒss. four times a day, increasing the strychnine gradually to gr. $\frac{1}{16}$ in six weeks.

Locally I began with a mild alkaline spray to the nose and throat, twice daily, and later with a spray of dilute alcohol. On each visit to my office (about fortnightly), I used a bead of chromic acid on the enlarged turbinates. Believing the hypertrophied turbinated bodies had much to do with the excitation of his distressing affection, and by relieving these, and trying to build up the general health, and especially the nervous system, I could overcome the trouble, the above was the plan I pursued. On his last visit, August 11th, he smilingly said, "Doctor, I did not know when the dreaded day came, as to my feelings, and now I feel well in every respect. Much better than for many years."

TRUMAN COATES, M. D.

RUSSELLVILLE, PA.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF BOSTON.

I SAW a statement in last week's TIMES AND REGISTER, signed "C—" upon the above subject, and, as my means of information seem to supplement those of "C," perhaps this may be new even to him.

Once upon a time, you see, a certain Dr. Darius Wilson, a graduate of this same school of 1882, grew suddenly rich

through official connection with several of those short term endowment orders that the Legislature of Massachusetts has but lately closed out as swindles, and pinned to own a college. So he bought this one—or tried to. Quite naturally the gentlemen composing the faculty, objected to forming part of the lot and got out.

But public opinion was so strongly with them that they didn't stay, but re-organized, with one of the strongest organizers and most competent deans of faculty in New England, at their head, Dr. Charles N. Thayer.

Under his administration everything went well. Harmony and peace reigned, and the school was gaining both in numbers and in standing, when Wilson turned up again, with plenty of money and this time seems to have made his purchase good.

At all events the men under whom alone the place has been made respectable and moderately successful, are out and Wilson is in, and after this we shall see.

It is not best to anticipate too much, perhaps from the new management, who besides lacking in popularity are without experience in running anything but endowment orders; but, as I said before, we shall see. H.

The Medical Digest.

SALOL AS AN INTESTINAL ANTISEPTIC.

In normal digestion the semi-digested acid chyme is poured out from the pylorus into the small intestine, to be exposed to the influence of the bile and pancreatic juice. These complete the digestion of the various food-stuffs, and some of the products of this digestion are due to the micro-organisms which are present in the intestine. Their work seems to be modified or kept in check by the presence of bile, for, as Foster remarks, "Bile possesses some antiseptic qualities. Out of the body its presence hinders various putrefactive processes; and when it is prevented from flowing into the alimentary canal, the contents of the intestine undergo changes different from those which take place under normal condi-

tions, and leading to the appearance of various products, especially of ill-smelling gases."

The stomach undoubtedly is responsible for some cases of dyspepsia, where the chyme is passed on to the intestines in an imperfectly prepared manner, which produces duodenal disorder. But in the following class of cases we have, I think, evidence that occasionally the secretions poured into the intestine are at fault. The patient is probably of a "bilious" temperament, he may have a clean tongue with great loss of appetite, and consequent loss of flesh; no pain during a meal, but coming on about two and a half to three hours after. Very likely he is constipated, and when his bowels are relaxed the motion is greyish white. As a rule, he will not suffer from nausea, only a little retching sometimes, and instead of the gas being acid, as it so often is, it may be quite alkaline and 'soapy;' as a patient once told me. The seat of pain is the lower part of the abdomen, and is relieved by passing wind. There will perhaps be a slight yellowness, hardly amounting to actual jaundice. These cases belong, I believe, to the same class as those described by Dr. Allchin in his lectures on duodenal indigestion. I also believe that the symptoms are due to excessive and faulty fermentation in the small intestine, owing to alteration in character and amount of the ordinary digestive fluids, and more particularly of the bile. I have given dilute nitrohydrochloric acid to these patients, sometimes combined with liquor pepticus, to help the stomach to do its work properly; but it has made little or no difference in their condition. And opium in any form by the mouth has not given that speedy relief which it does in gastric affections. So, latterly, I have been in the habit of beginning with four or five grains of calomel, and following it in an hour or two's time with ten-grain doses of salol every four hours. This, to use the language of a somewhat enthusiastic patient, "acts like a charm" when taken about one and a half hours after meals. The pain ceases, the swelling of the abdomen does not appear, the appetite improves, and, more important still, the wasting (due, I presume, to the non-digestion of a large part of the food) departs.

Another complaint wherein I have found salol exceedingly useful is a form of infective diarrhoea. Some months back I saw a family in a village near Lincoln who all had diarrhoea, passing dark-brown watery stools five, six, seven, or eight times in the twenty-four hours, attended with severe abdominal pain. In a few days several of the inhabitants of the village were seized with the same complaint, and every one had been into the first-mentioned house. Several more got it from the second source of infection. I regret that I was unable to discover any probable origin of the disease. I tried opium alone in some of the cases, but its action was far inferior to that of salol, whether combined with opiates or not.

In cases of ordinary diarrhoea, too, there are few remedies which more speedily check the flow and the pain than ten-grain doses of salol. Some years ago, in the *Lancet*, I advocated giving glycerine of borax in the diarrhoea of infants, believing that undue fermentation in the intestines was the *fons et origo mali*. It does answer well, as I have over and over again seen; but I prefer in the severer cases to use salol in doses proportionate to age, as being a little more certain, more antiseptic, and almost as agreeable to take.

Lastly, I have been using salol exclusively in typhoid fever, not so much on the idea of combating the specific poison, but of cleaning and keeping clean the intestinal tract, and so subduing the irritation of the glands of Peyer's patches and other ulcers there, and that caused by the secretion from these ulcers in the intestine. Salol also prevents the excessive formation of wind, which is sometimes so vexatious a trouble to the patient. Salol brings the temperature down generally one or two degrees, causes abundant perspiration (this can be readily combated by giving oxide of zinc, tincture of belladonna, and some quinine in a mixture), reduces the number of stools from twelve or fourteen in the twenty-four hours to three or four, and when they are offensive, deprives them of any odor whatever. No bad effects were noticed with regard to its action in producing delirium. Its use was continued in typhoid fever for about a week after

the disappearance of diarrhoea. It was always given in ten-grain doses suspended by means of compound tragacanth powder, at first (in typhoid fever and other complaints) every four hours, then every six, and for the last week three times a day. It was always given after food.

—E. Mansell Sympson, in *The Practitioner*.

THE ROLE OF THE POSTERIOR URETHRA IN CHRONIC URETHRITIS.

In a paper read by Dr. Bransford Lewis, of St. Louis, before the June meeting of the American Association of Genito-Urinary Surgeons, (*Medical Record*, June 29, 1893,) the author presents some very radical and unorthodox views on the frequency of posterior urethritis and its influence in the production of chronic gonorrhœas.

The various causes commonly accepted as sufficing to explain persistence in gonorrhœa, were reviewed, and their potency as such was denied, *seriatim*. Two cases were reported showing that the presence of absence of the gonococcus, alone, could not form a reliable criterion as to prognosis: Case I. (primary) with abundant gonococci—containing discharge, lasted six weeks; while Case II. (secondary), also giving abundant gonococci—containing discharge, lasted only one week. The influence of anatomical abnormalities was restricted to only a small minority of the exceedingly numerous cases of chronic gonorrhœa, and did not explain the great number that occurred. The several varieties of urethritis, such as "granular urethritis," "catarrhal urethritis," "hypertrophic urethritis," etc., were only pathological incidents, not causes, of chronic gonorrhœa; and even on discriminating between these several varieties, the question still obtruded itself: What was it that had produced that particular variety?

Again, urethral therapists, with ardently-advocated new remedies, supposably specifics, had all in turn failed in their endeavors to abolish prolonged claps. So that it must be acknowledged that the various factors to which chronic urethritis was usually attributed, while relatively important in a contributory way, did not cover the ground in actual clinical

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experience, and something else must be found to bear the onus of being a prolific source of chronic gonorrhœa.

While aware that infection of the posterior urethra was almost universally recognized by advanced practitioners of the present day, as a complication of gonorrhœa that was difficult to cure when it did occur; that interfered with the usual course of treatment employed, and required special measures for its relief etc., he did not believe that the full importance of posterior inflammation was generally conceived; that its frequency was even approximately estimated in general, or that its bearing on almost every case of gonorrhœa was understood, recognized or acknowledged.

In Dr. Lewis' opinion the posterior infection should not be looked upon as a complication, but as a natural feature, occurring with such unflinching regularity that an observer, watching carefully and critically gonorrhœal cases, must see a great many of them before he would meet with a single one that remained free from the so-called complication throughout the disease. This conclusion, to which clinical investigation had led him, was supported in recent writings, by the following statistics of authors who had been pursuing a similar study of late years: Lesser asserted that of fifty-three cases of primary gonorrhœa under his care, the posterior urethra escaped infection in only four cases, making the frequency of posterior urethritis 93.5 per cent. Jadassohn found posterior urethritis in 142 of 163 cases making 87.7 per cent.; Rona found it in 79.7 per cent. of his cases; and Eraud found it in 80 per cent of all his cases.

In endeavoring to harmonize this undoubted fact of frequency of posterior urethritis with the reason for its frequency, the author disregarded, as inapplicable, explanations usually given. Sexual intercourse, the "forced" injection, the passage of instruments, etc. during an active gonorrhœa, were chiefly complained of by writers on the subject—extremely seldom by the patients themselves. Bearing on this point, the time and mode of onset of the posterior inflammation was of importance. Instead of the inflammation progressing slowly and gradually backwards over the urethral

mucous membrane and reaching the posterior urethra in the second or third week, as was commonly taught, it reached the posterior urethra, in most cases, in the first (active) week of the disease. This rather favored the supposition of Horteloup that the mode of infection was through the lymphatics rather than by continuity over the mucous surface.

The author, therefore, felt justified in submitting the following conclusions:

1. The causes usually given for the prolongation of cases of clap (presence or absence of gonococci, stricture of large calibre, the use of particular drugs in treatment, etc.) do not satisfactorily explain them, nor do they furnish reliable means for prognosticating the outcome of a case.
2. A single widely prevalent cause for such prolongation of gonorrhœa has, as yet, not proved its right to recognition as such.
3. Posterior urethritis, by reason of its anatomical seclusion and inaccessibility to ordinarily-prescribed treatment, if frequent, offers the best explanation for such prolongation or repeated recurrence.
4. Scrutinizing clinical investigation shows posterior urethritis to be present in the great majority of cases of prolonged or severe gonorrhœa.
5. Direct, topical treatment to the posterior urethra is, therefore, necessary in the great majority of cases.
6. The causes usually given for producing posterior urethritis are not commonly found to be real factors in the clinic.
7. The mode of onset usually described does not coincide with that discerned in clinical observations.
8. These two latter observations confirm the probability that the posterior urethral infection is accomplished through the lymphatics, and explain the frequency of such infection.
9. Posterior urethritis is not a complication, but a natural phenomenon of gonorrhœa.

BROMOFORM IN WHOOPING COUGH.

Earle (*Chicago Medical Recorder*) has collected some data on the treatment of pertussis by bromoform. He gave it in 50 cases, and found the paroxysms in-

variably diminished in frequency within three days. The action resembled that of belladonna. A large dose gives rise to dizziness. Fisher reports 51 cases, Burton Fanning 30, Duncan 5, Stepp 100, Newman 25, Schippers 250, and Kerley three, in which unvarying success followed its use. Ullman concludes that bromoform is not superior to other remedies. Nauwelaers reports a fatal case from a small dose, the exact size not being intelligibly stated. Earle's formula is :

R Bromoformi gtt viij
Tr. opii camph. ʒj
Syr. acaciæ ʒiv
Aq. anisi
Aq. laurocerasi aa q. s. ad ʒj

M.—Shake well. S.—Half to one teaspoonful four times a day to a child one year old.

TREATMENT OF INFANTILE CONVULSIONS.

M. Jules Simon recommends the following line of treatment of infantile convulsions: 1. Empty the digestive tract by an enema and by tickling the fauces to promote vomiting. 2. If the attack continues, administer ether or chloroform on a handkerchief. 3. Administer by the mouth, or if necessary by enemata, repeated doses of the following mixture: chloral hydrate, fifteen grains; bromide of potassium, fifteen grains; syrup of codein, ten drops; tincture of musk, ten drops; tincture of aconite, ten drops; orange-flower water, three ounces and a half—this quantity to suffice for twenty-four hours. 4. When the attack is very grave give a warm bath and apply a small blister to the back of the neck or the epigastrium, leaving it on for three hours. Antiseptic precautions should be observed and a poultice subsequently applied.

A NEW METHOD FOR DETERMINING THE FATTY MATTER OF MILK.

Liebermann and Szekely (*Zeitschrift f. Anal. Chemie*, p. 168) report the following method for determining the fatty matter of milk :

Fifty cc. milk at the temperature of the room are put in a glass cylinder about 25 cm. in height and about 5½ cm. internal diameter; there are added 5 cc. of potassa-lye at 1.27 specific gravity. closed with a well-fitting cork, and well shaken.

To this mixture are added 50 cc. of a

light petroleum ether, the specific gravity of which is about 0.663, the boiling-point 60°, and which evaporates on the water-bath without residue. The glass is stoppered and again vigorously shaken so as to form an emulsion. To this emulsion are added 50 cc. alcohol of about 95.8 to 96 per cent., and the liquid is again well shaken. After at most four or five minutes the petroleum ether separates at the top, and the separation may be regarded as complete. We shake again three or four times, each time for a quarter of a minute, allowing each time the ether to separate out.

The petroleum ether will now have taken up all the fat. We ascertain this point by shaking up eleven specimens at different number of times, the first once and the eleventh eleven times. Already after the third or fourth shaking we have found quantities of fat which differ from each other only to an unimportant degree. After once shaking 3.535 per cent., after twice shaking 3.54 per cent., and the results which we obtained between the third and eleventh shaking fluctuated only between 3.55 and 3.56 per cent.

Of the stratum of petroleum ether, 20 cc. are drawn off with a pipette and introduced into a small tared capsule, the capacity of which is about 40 to 50 cc., and the neck of which is higher than 1 cm., with a diameter of 1½ to 2 cm. These small flasks are convenient, because the liquid does not readily rise out of them, and yet the evaporation goes on with sufficient rapidity. But of course small tared beakers or ordinary flasks may be used.

The flask is set upon a water-bath at a moderate heat, the petroleum ether is evaporated entirely away, and the residue is dried at from 110° to 120°, for which an hour is generally sufficient; the weight found, if multiplied by five, gives the quantity of fat in 100 cc.

The quantities of fat obtained by the new method may be easily recalculated by the aid of specific gravity into percentages by weight, so as to admit of a comparison with the Adams method in which the milk is weighed. We remark that on the Adams method the extraction with petroleum ether must last for at least three hours.

The results of the new method vary from those of the gravimetric method by 0.066 in a positive direction, and by 0.037 per cent. in a negative direction.

But these deviations, in our opinion, are not necessarily founded on the sources of error in the method, but are chiefly due to the circumstance that in the gravimetric method the milk is weighed, whilst in the new method it is measured, and by a recalculation may occasion errors.

MALIGNANT ENDOCARDITIS AFTER GONORRHOEA.

At the meeting of the Society for Medicine, on the 3d inst., Hr. Leyden showed a preparation from a man, æt 22, who had suffered from a febrile joint affection, and afterwards from heart disease. The latter showed a malignant character from the first, marked by intensity of fever, grave general symptoms and rapid collapse. The fever was characterised by intermittent rigors, cardiac weakness, nephritis, œdema, loss of strength and death. There was an infarct in the spleen. Malignant endocarditis was associated with development of bacteria of which various forms had already been found in the endocarditic deposits, mostly strepto and staphylococci. The case presented was of special interest on account of the ætiology. The patient had had gonorrhœa at the end of March. Early in April he developed gonorrhœal rheumatism in the pseudo ankle-joints. On admission into the Charité there were gonorrhœa epididymitis. As regarded the relation of gonorrhœa to malignant endocarditis there were already various observations noted which made it probable that the gonorrhœa was to be looked upon as the cause of the cardiac affection. Assuming a connection between the two diseases, the question arose in what way was the endocarditis produced? There were two possible ways; it might be that the parasite of gonorrhœa itself furnished the cause for the endocarditis; on the other hand, it might be taken that the gonorrhœa in its course led to sepsis, in the course of which septic cocci were deposited on the valves. In favor of the latter view was the fact that streptococci had

been found in some cases. Finally, the ætiological relation might be explained by analogy. It was known that there was a series of infective diseases with invasion of micrococci and the assumption of such a one seemed probable. Dissemination of the gonococcus by the circulation had only been proved in a very limited number of cases. Two cases were recorded in which, on puncture of a diseased joint a few gonorrhœa diplococci had been found. Generally speaking, however, the facts of the spread of the gonococci through the circulation were very rare. The speaker had succeeded in demonstrating the presence of gonococci in the deposits on the aorta and mitral valve. On the other hand, preparations from the fibrinous deposits in the heart give diplococci only. A considerable portion of them were in the cells. The proof was rendered certain (1) the form, (2) by their presence in the cells, (3) by their staining with methyl violet and bleaching by Gram's method.

Hr. Casper alluded to the new and easier method of gonococcus cultivation introduced by Abel of Greifswald, which consisted in spreading human blood upon agar. If gonococci were then applied to the plates so prepared, pure cultivations of them were obtained. The gonococcus question was at present doubtful. The signs of gonococcus in the human subject were reduced to one, viz., the presence of them in the cells and around the nuclei. But the diagnostic value of this had lately been contested by Bum. He had found numbers of diplococci in the normal urethræ of women, indistinguishable by the microscope from the gonococcus. As also a diplococcus had been found in the healthy urethra of a child, there was a good deal of confusion on the subject. He, Hr. Casper, had seen a recent case of gonorrhœa a week ago: He prepared cultures from the pus. By the agar process distinct cultivation of diplococci were obtained, but other cultures showed that they were not pure, for the micro-organisms grew both upon agar and bouillon, the typical gonorrhœa was, therefore, not present.

Hr. G. Sewin said the matter was not yet closed. The reaction was not suffi-

cient nor sufficiently exact. The inoculation experiments were not convincing. When discharge was obtained by puncture, it was not gonorrhœa. He had made numerous experiments with patients with gonorrhœa and articular rheumatism, but he had never succeeded in finding the gonococcus. Above all, it ought to be found in gonorrhœal vesical catarrh but it was not. Contrary statements were deceptions by similiar cocci. In the case of a child born with the membranes intact, gonococci were found in the urethra, although neither father nor mother had had gonorrhœa. The gonococcus was, therefore, of no practical value. If gonococci could not be found one would not be justified in saying the patient had not gonorrhœa. Neither was the therapeutics altered by it. We must be sceptical or we should find the processes in all the organs of the body. All diseases of women were now traced to gonorrhœa, and if the husband had had the disease twenty years before; physicians were inclined to say the disease had been latent.

Hr. Furbringer believed in the diagnostic value of the gonococcus and declared that the relation of the gonococcus to gonorrhœa was identical with that of the tubercle bacillus to tuberculosis. Many bacilli, for example the smegma bacillus, could be mistaken for the gonococcus at the first glance, but its diagnostic value was not affected thereby.

Hr. Casper concluded from the facts stated the extraordinary difficulty of distinguishing the gonococcus from other bacilli, but he would by no means doubt its diagnostic value. The fact that the micro-organism was not found in the bladder was explained by the acid urine destroying them.

Hr. Leyden had from his own observations arrived at the conviction that the gonococcus was the organism that produced gonorrhœa and that it could be identified.—*Med. Press.*

THE TREATMENT OF CHOLERA.

Hr. Mendelsohn said Emmerich had recently, from a number of experiments on animals, come to the conclusion that Asiatic cholera was caused in the last instance by nitrites. If this conclusion was

correct, attention must be directed to decomposing the nitric acid salts in the intestines. Emmerich had directed attention to sulphuric acid principally. Experiments had shown the speaker that nitrite and hydroxylamine were decomposed into water and nitrous acid. If both substances were introduced one after the other into the intestines, the animals remained alive.

TRANSPORT OF CORPSES.

A new order has just been issued by the Minister of the Exterior that no dead body will be allowed to be carried into or through the Austro-Hungarian Empire without a legal pass from the Consular Office. This document must bear the name, whence and whither the body is transported, duration of illness, and probable cause of death. Special precautions are set forth respecting infectious diseases. If the body be kept a week it must be preserved by embalming. All infectious diseases are left to the discretion of the Council of State.

No cholera cases are yet reported in the Empire although in neighboring monarchies the numbers are increasing. On Tuesday, 26 new cases were reported in Naples, while the other provinces are reported to have smaller ones. Since the beginning of July it is rapidly increasing in Russia. In Arabia the epidemic is rapidly diminishing from the reduction of pilgrims to Mecca and Jeddah. In Persia a few also are reported.

SAMARITAN CONGRESS.

This international gathering is now arranged for the 7th September, under the Presidency of Prof. Ludwig. On the 8th, a general reception will take place in the Town Hall at the desire of the Burgermeister. The 9th, 10th and 11th are filled up in the usual manner, terminating with excursions to Buda Pesth, etc. Four hundred members have already intimated their intention of being present among whom the princes of several countries are announced.

HÆMOGLOBIN IN SYPHILIS.

Prof. Neuman and De Kondried have recently been experimenting on the blood of patients to determine the amount of hæmoglobin present in the various

stages of syphilitic disease. From the beginning of the attack, where no medicine is administered, the hæmoglobin is gradually reduced from 15 to 10 per cent; after the use of drugs, inunction or anti-syphilitic preparations the hæmoglobin gradually returns to its normal quantity. In advanced cases of secondary syphilis where treatment has been neglected the absence of hæmoglobin is found to be 45 to 75 per cent. On commencing specific treatment the increase takes place daily till it assumes its normal condition. The examination of the tertiary form reveals the same condition. The red blood corpuscles in the primary attack is not proportionately reduced with the loss of the hæmoglobin, but as the disease advances or continues without interruption they fall to a third of the normal number, which under specific treatment may be also restored to their former condition. Neglected secondaries show a diminution of a third, and recover as quickly as the hæmoglobin. The tertiary form has usually an average of four millions of red blood corpuscles. These also are increased by specific treatment, and very early assume the normal number. From this it is assumed that the syphilitic is a constant reducing power in the number of the red blood corpuscles which can be averted or altered even in the tertiary stage of the disease. The number of the white blood corpuscles increase in parallel ratio with the decrease of the red blood corpuscles, and *vice versa* with the restoration.

—*Med. Press.*

A NEW METHOD FOR THE RADICAL CURE OF VARICOSE VEINS.

Recognizing the deficiencies of these modes of treatment, we proceeded to treat the condition in a manner that would remedy it at once. The two great channels that drain the superficial venous circulation of the leg are the internal or long saphena and external or short saphena veins. These and their tributaries are the vessels affected in the varicose condition. The lack of support, or any other cause act simultaneously upon every branch of the vein. The long saphena vein commences in a minute plexus on the dorsum of the foot; it as-

cends in front of the inner ankle and inner side of the leg, behind the inner margin of the tibia. It drains all the anterior surface of the leg and the whole circumference of the thigh.

The external or short saphenous vein drains the posterior portion of the leg and empties into the popliteal vein between the two heads of the gastrocnemius muscle. This being the case it occurred to me that if obliteration of the varicose veins was the essential factor in the cure, it might be possible to obliterate all the surface venous circulation by ligating the long saphenous vein at the saphenous opening and the short saphenous vein between the heads of the gastrocnemius. Blood stasis must necessarily follow and a certain amount of œdema. Elevation of the limb, and gentle compression with raw cotton and a flannel bandage soon overcomes this. Rest in bed adds the final requirement to what seemed to me *a priori* the ideal mode of obtaining a wholesale obliteration of all the varicose veins of a limb, hence the cure.

The advantages claimed for this method therefore are, first, it deals with the cases of varicose veins at wholesale; second, the operation if *aseptic*, is harmless, easy, and with the help of cocaine, painless; third, it achieves that principle which we know underlies the cure of all aneurismal or varicose conditions, viz: an ultimate obliteration of the impaired blood vessel. This is reached by coagulation of blood and gradual absorption of the coagulum, while sufficient white blood corpuscles have exuded during the period of distension to subsequently build fibrous tissue which will contract upon the obliterated vein; fourth, until now we are not aware of any relapse; fifth, a cure seems apparent in from two to three weeks.

—Laplace, *Jour. Am. Med. Ass.*

AN editorial in the TIMES AND REGISTER for July 22, in speaking of the Journal of the American Medical Association, says: "It is a humiliating spectacle to see this Journal embarrassed for funds and threatened with extinction in the near future." We desire to remark that there is no need for the extinction of the Journal of the American Medical Asso-

ciation, either in the near or distant future, if it is properly managed and carefully edited. It has been the lack of proper management and editorial insufficiency that has placed it in its embarrassing position. But we are in hopes that with the change of the editor which has recently taken place this condition of affairs will be overcome and prosperity be perched upon the banner of the association and its journal.

—*Railway Age.*

OCULAR AFFECTIONS IN CEREBRO-SPINAL FEVER.

It would seem that all epidemics of cerebro-spinal meningitis have one or more eye symptoms in common, and probably those most often met with are the changes in the pupils and conjunctivitis. But every extensive epidemic is apt to be associated with a special type of eye affection. Thus Knapp, Kreitmair, Oeller and Jacobi observed most often suppurative inflammation of the uveal tract and make no particular mention of any other ocular complication. Wilson, Niemeyer, Ziemssen and Hess met with keratitis, while Hirsch, in his wide experience, saw nothing more serious than conjunctivitis, which was an invariable condition). The type of eye symptoms peculiar to the epidemic which I have just described seems to have been a remarkable tortuosity and distension of the retinal veins and more or less congestion of the optic disk. The degree of venous engorgement in some of the cases was, in my experience, a unique condition, the blood appearing almost black and as though actually stagnant. The tortuosity of the veins, too, was striking. The turning points of the veins were so abrupt that they resembled small hemorrhages, and as such I regarded them in one case till I was enabled later to make a more thorough examination, when I found that what I took to be hemorrhages were very abrupt turns in the veins where the circulation must have been almost at a standstill. These conditions are quite analogous to what was discovered in the brain in every case where a post-mortem was made. I was not present at any of the autopsies, but Dr. Porter told me that the tortuosity and distension of the

veins on the surface of the brain reminded him forcibly of my description of the retinal veins, and the changes in these vessels I think can readily be understood from the condition of the brain revealed at the autopsy.

It is clear, then, that in all epidemics of cerebro-spinal meningitis a systematic examination of the eyes should be made with the ophthalmoscope, and that frequently when other eye symptoms are absent and the general symptoms are misleading, changes in the fundus of the eye will be discovered which will throw light upon the case. And again, the existence of good vision does not mean a sound optic nerve or retina, for not unfrequently do we meet, in every-day work, with a choked disk where the visual disturbances are insignificant. Of the thirty-six cases which I examined, not counting those which were affected with diplopia, only three complained of their inability to see distinctly. I regard the existence of eye symptoms, especially those where the fundus is involved, as indicating a particularly grave case. Wherever I found the condition which I have described very pronounced, I felt justified in speaking positively as regards the prognosis. I think that this type of eye symptoms is of more value as indicating the condition of the brain than the symptoms described by other writers, such as panophthalmitis, suppurative choroiditis and keratitis, affections which, in my opinion, would be likely to have their origin in a general infection and not likely to be the direct result of the purely cerebral changes.

—R. L. Randolph, *Johns Hopkins Hosp. Bull.*

TYPHOID FEVER.

The tendency in all diseases is to return to health. Our treatment should, of course, aid this tendency. The best remedies to best accomplish this purpose are the ones to use, *which become in this sense alteratives*. I select for this purpose the following, which experience has taught me to especially value: Hyg. cum creta, acid salicylic, acid boracic. These drugs are very useful, assisting to right the abnormal processes, also to remove harmful results, stimulate the secretions and promote excretion. For the abnor-

mal heat present those means are indicated which will limit heat production and favor heat dissipation. Alteratives, as above mentioned, are best to prevent excessive heat production. The most useful means at our command to favor heat dissipation is water. I have reason to believe it acts also as an alterative. It promotes the excretory function of the skin, as well as influencing the condition of other organs. It aids that portion of the economy whose normal function is to preserve the temperature equilibrium. I use frequent and large draughts internally, and the bath externally (chloride of sodium and borate of sodium in bath) and give the bath warm, about 100°F., every four hours, poured over head and body from a bucket, during the fever. Irrigate each time the bowel. If the individual condition will permit, and the case requires it, a cold douche (about 80°F.) is given. The subject is dried, rubbed vigorously and put to bed. The length of the warm general bath is varied from twenty to sixty minutes.

The feeding of the patient is, of course, a most important part of the treatment. Very little food should be given at first, not much any time, but what is given should be very carefully selected and prepared and as carefully administered.

—Crouch, *Lancet-Clinic*.

PRESCRIPTIONS.

FOR PITYRIASIS RUBRA.

- R Calamine, gr. xl.
Zinci oxidi, 3ij.
Olei olivæ,
Aquæ destillatæ, aa, 3j
Misce et fiat applicatio.

A SOOTHING OINTMENT FOR ECZEMA.

- R Bismuthi oxidi, 3j
Bismuthi subnitratæ, 3j
Acidi oleici, 3j
Cereæ albæ, 3ij
Adipis lænæ, 3x
Misce et fiat unguentum.

Apply to the affected parts.

AN ALKALINE LINCTUS.

- R Tincturæ scillæ, m̄v
Ammonii carbonatis, gr. 1-6
Essentiæ anisi, m̄j.
Boracis, gr. ʒ
Mucilaginis acaciæ, m̄xxx.
Aquæ ad, 3j.
Misce et fiat linctus.

A teaspoonful to be sucked from a spoon when the cough is troublesome.

A NERVINE TONIC IN PILL FORM.

- R Ferri phosphatis, gr. i
Strychninæ, gr. 1-32
Quininæ sulphatis, gr. i.
/ cidi phosphorici concentrati, m̄ iss.
Radici glycyrrhizæ pulv. ad gr. v.
Misce et fiat pilula.

One pill to be taken three times a day.

FOR PEDICULOSIS CAPITIS.

- R Olei staphisagriæ, 3j
Olei limonis, 3j
Olei amygdalæ ad, 3iv.
Misce et fiat applicatio.

To be applied to the affected parts daily.—*Practitioner*.

THE CONGRESS ON TUBERCULOSIS.

The third Congress for the Study of Tuberculosis in man and animals was held from July 27th to August 2nd, in presence of a large concourse of medical men from all parts of the world. Professor Verneuil presided, and in an eloquent opening speech reviewed all that had been discovered within late years on the subject, and the different remedies recommended or applied against the disease which so sadly decimates the various populations. Loud and repeated applause greeted the eminent professor when he terminated. The papers read were in most cases of much interest, testifying to a profound knowledge of the subject, and an anxious desire on the part of their authors to arrive at a practical conclusion. I will now give a brief *résumé* of those which seem to be of particular importance.

Treatment of Tuberculosis by Injections of the Serum of Dogs.

M. Babes (Bucharest) said that the last Congress was held immediately after the deception produced by the treatment of Koch, who had announced too precipitately to the world that he had found the specific of tuberculosis (tuberculin). Prosecuting his researches in the same direction he (M. Babes) had discovered that dogs, by the injection of a series of *cultures* could be rendered refractory to the disease, and on account of this immunity he tried on several hospital patients injections of the serum, but he could not as yet say much as to the result, save that the patients seem to have much

improved by the treatment. Consequently he thought he was authorized in recommending inoculations in children of tuberculous parents of the serum in question.

Prophylaxy of Tuberculosis in the Bovine Species.

M. Nocard (Paris) remarked that tuberculosis in the bovine species, as in man, was spreading. It has been shown that out of every 100 Parisians who die, twenty-three succumb to tuberculosis, and of the remainder how many are there who are entirely free from taint?

At Berlin, out of 125,000 animals examined in 1890-91, nearly 15,000 were tuberculous, or twelve per cent. At Copenhagen the average was sixteen per cent. In England twelve per cent. for 1891 and twenty-two per cent. in 1892.

In France the advance of the malady is also progressive; the actual proportion is twenty-five per cent. The principal cause of this extension of the disease is contagion; heredity plays but a secondary role. The only effectual means of checking the progress is consequently that of isolation of the animals. The healthy animals should be placed in stables thoroughly disinfected. By means of tuberculin it is easy to discover the smallest trace of the disease. As to the milk of such animals as are not affected to any considerable extent, it need not be destroyed if it be sterilised by heat.

The Role of Contagion and Heredity in the Propagation of Tuberculosis.

The same speaker introduced this subject, which is of immense importance as regards, said M. Nocard, animal tuberculosis. I am quite satisfied that heredity has very little to do with the propagation of the malady. I am well aware, of course, that in the post-mortem of tuberculous cows a foetus has been more than once found infected, and even the disease has been detected in very young calves. But these are exceptional facts, as all the meat inspectors are agreed in affirming the extreme rareness of tuberculosis in the calf. Last year I went to a large farm and submitted sixty-one animals to the tuberculin test;

forty-one were found to be infected, and nearly all adults. Out of six calves treated by the injections only one was tuberculous. In another place I tested 105 animals and found forty-one diseased amongst the adults and only five amongst the young calves.

These experiments have convinced me that contagion is the chief agent of propagation, but also that this contagion was the result of prolonged and intimate contact.

M. Empis (Paris). We cannot separate the interesting facts which have just been communicated to us from what we observe in human pathology. It is an indisputable question that tuberculosis is an hereditary affection, and the whole question is, if heredity is sufficient to provoke at a given moment the evolution of the malady, or if it is necessary that a new factor intervene to determine this evolution. M. Nocard, who appears to consider heredity as an accessory, and contagion as the principal agent of propagation, insists on the importance of intimate contact. I feel myself obliged to differ with him, as in fifty years of medical practice I have never met with one case of tuberculosis contracted between husband and wife by simple contagion, unless there were some hereditary taint.

M. Herard (Paris). I perfectly agree with the last speaker in admitting the influence of heredity in the propagation of phthisis, but I cannot follow him in his views on contagion, which seem to me to be too exclusive, for in his opinion it was not rare to find women perfectly healthy and devoid of all hereditary taint become infected by contact with a tuberculous husband. It would be well to understand what is the meaning given to the term heredity. If it be allowed that heredity exists only in the transmission of parents to children of a special predisposition, the matter is simply enough, since contagion becomes the only cause of phthisis in persons issued from tuberculous parents as well as in those who have had no hereditary taint. The existence of congenital tuberculosis is proved beyond all doubt, and especially so by recent researches.

M. Petit. Recent works have fur-

nish bacteriological demonstration of the existence of hereditary consumption, and clinical experience confirms in all points that fact, to illustrate which the speaker recited the history of a numerous family which he had known for twenty years, from which he argued that the repeated confinements weakened the mother so that the offspring inherited a special predisposition to the disease.

M. Coudray. I looked up the heredity in seventy-five cases of surgical infantile tuberculous disease, such as tuberculosis of the hip, knee, foot, *mal de Pott*, etc. In ten cases only did I find hereditary antecedents. In sixty-five other cases, in which heredity did not exist, the predisposing cause could not be elucidated in forty-one cases; nine times traumatism was the direct cause; in four cases bronchitis seemed to have provoked the disease; three cases were attributed to whooping-cough, and a similar number to insufficient nourishment. Thus, according to my personal experience, contagion appears to me to play a predominant *role* in the etiology of tuberculosis in its external manifestations, since heredity did not exist in the majority of cases.

M. Verneuil. It is incontestable that surgical tuberculous disease can have contagion as a direct cause, and that in individuals who do not present any kind of hereditary predisposition. The same might be said of traumatism in certain cases; when a child, for instance, falls on his hip and slightly dislocates the vertebral column and that tuberculous lesions begin to develop, at the point injured the influence of the traumatism cannot be denied.

Phthisis Provoked by Infectious Maladies.

M. Verneuil thought that it was fully proven that the grippe and some eruptive affections have a considerable influence on the production of tuberculosis. He had known several cases in which the malady followed some eruptive fever, and in which there had been no hereditary taint.

M. Legroux agreed with Prof. Verneuil on the question. He had seen several cases supervene on an attack of

the grippe, and on whooping-cough. The number of children thus attacked was very considerable.

Tuberculosis in the Goat.

M. Siegen said that it was generally considered that the goat was refractory to tuberculosis, and on that account goat's milk was frequently ordered for infants and sick persons. But unfortunately such was not the case, as Collin and Nocard succeeded in inoculating with the virus several of these animals, and he (the speaker) found at the slaughterhouse ten goats with tubercles in the lungs, livers, and intestines. He thought consequently that these animals should be inoculated with tuberculine before giving the milk to the children.

Tuberculine.

M. Strauss. It is firmly established to-day that tuberculine constitutes an extremely precious reactive for the diagnosis of tuberculosis in man and animals. After examining a certain number of patients, it seemed to him that tuberculous affections were not the only maladies for which tuberculine aided at arriving at a correct diagnosis, as it might be also useful in syphilis, which is sometimes so difficult to diagnose. In several cases of secondary syphilis the characteristic rise of the temperature was witnessed after an injection of tuberculine. Another series of experiments on other eruptive affections gave no reaction, consequently he felt himself authorized to conclude that tuberculine can render great services in obscure cases of syphilis.

Tuberculosis of the Anus.

M. Hartmann. Leaving aside tuberculous gummæ, which are the same in this situation as elsewhere, I will speak only on those suppurations which have an immediate relation to the rectum. In the first place, what relation exists between an anal fistula and pulmonary tuberculosis? Certain authors pretend that 5 per cent. of consumptives have a fistula, while others consider the complication as extremely rare, 1 in 800. He (the speaker) examined 533 consumptives and found 26 with fistula, or 4.8 per cent. Between men and women

there is a notable difference (5 to 1). The nature of the fistula is essentially tuberculous, as bacilli can be generally found under the microscope and seem to be carried down to that point by the intestinal secretions. As to an operation it was formerly considered that it was dangerous to attempt the cure of a tuberculous fistula, but many instances are on record where the surgeon operated without causing any extra development of the primitive malady. It is always difficult to obtain complete *reunion* of the wound, but with patience and appropriate treatment the issue will be successful.

Treatment of Uterine Fibroma.

M. Chandeux treated recently an immense fibroma by interstitial injections of chloride of zinc. The tumor was previously treated unsuccessfully with ergotine. Two drops of a weak solution of chloride of zinc (1-50) were injected on either side, through the abdominal walls, and renewed every week and finally every five days, the strength of the solution increasing from two to six per cent. The tumor diminished in volume and the condition of the patient is at present satisfactory.—*Med. Press.*

News.

THE phylloxera has about disappeared from French vineyards, and this year's grape crop is pronounced the finest in 35 years. For this France is indebted to Prof. C. V. Riley, of St. Louis, who pointed out the only remedy that has proved practicable—the substitution of certain American vines that resist the insect. France has now replaced her ancient vines altogether with these hardy Americans. The question as to whether this will change the nature of the wine or if that be influenced rather by the soil than the vine, is of much interest.

DEATH AS IT IS.

Perhaps the most common mistake of the lay mind is the association of the dra-

matic with the conception of death. Nothing is more common than to hear from the pulpit pictures in words of excitement, of alarm, of terror, of the deathbeds of those who have not lived religious lives, yet, as a rule, if these pictures are supposed to be those of the unfortunates at the moment of death, they are utterly false. In point of fact, ninety-nine of every hundred human beings are unconscious for several hours before death comes to them; all the majesty of intellect, the tender beauty of thought or sympathy or charity, the very love for those for whom love has filled all waking thoughts, disappear. As a little baby just born into the world is but a little animal, so the sage, the philosopher, the hero or the statesman, he whose thoughts or deeds have writ themselves large in the history of the world, become but dying animals at the last. A merciful unconsciousness sets in, as the mysterious force we call life slowly takes leave of its last citadel, the heart, and what is has become what was. This is death.

—Cyrus Edson, in *North American Review*.

Navy Department, Bureau of Medicine and Surgery, Washington, D. C. Changes in the Medical Corps of the U. S. Navy for the week ending August 26th, 1893.—Med. Director, D. Bloodgood, placed on retired list Aug. 20th, 1893; Surg., Geo. F. Winslow, from Monterey and to the Philadelphia; Med Director, A. A. Hoehling, President of Board to examine applicants for Naval Academy; Pd. Asst. Surg., G. T. Smith, from "Baltimore" and to "Wabash;" Pd. Asst. Surg., R. M. Kennedy, from "Wabash" and to the "Baltimore;" Asst. Surg. L. H. Stone, from Hosp. New York and to the "Minnesota;" Asst. Surg., J. E. Page, from the "Minnesota" and sick leave for three months.

SEQUEL TO THE TROUBLE IN THE COLLEGE OF PHYSICIANS AND SURGEONS, BOSTON, MASS.

It has been announced that the trustees of Tufts College, Boston, have determined to establish a medical department, and

have invited the former faculty of the college of Physicians and Surgeons to assume the charge of it.

The lecture courses for the present will be given from 188 Boylston St., the old location of the Physicians and Surgeons.

This places the former faculty of the Physicians and Surgeons in a stronger position than ever before and materially assists the good work they have been accomplishing in the past.

SUNG SONGS TO CURE A SICK BABY.

The Anti-Cruelty Society is investigating the suspicious death of a baby at the house of Dr. Reed, a faith curist, in Allegheny, Pa. Florence Morrow took her sick infant to Dr. Reed's a week ago. The doctor pressed a brass rod against the baby's back, rocked it in his arms, meanwhile singing weird songs and quoting passages from the Bible. He also had the mother repeat the performance. Then he pronounced the child cured. Saturday the child died. Dr. Reed is a negro. His wife and all the women who visit him are white.

PROPOSED ORGANIZATION OF MEDICAL JOURNAL PUBLISHERS.

It gives us pleasure to be informed that there is to be organized a Medical Publishers' Association in Washington during the meeting of the Pan-American Medical Congress, which convenes September 5.

Such an organization, if properly formed, will not only be a protection and benefit to the publishers of Medical Journals, but to the advertisers as well. Whilst the publishers of many of the Medical Journals are also editors and probably belong to the Association of Editors which meets simultaneously with the American Medical Association, they certainly must recognize that there are matters pertaining to the business and financial interests of the journals that do not come within the purview of the Editors' Association. We understand the object of the Publishers' Association shall be for the better protection of legitimate advertisers and the publishers and is not in any way to take the place of, or interfere

with the work of the Editors' Association. Such being the case the organization of the Publishers' Association should meet with their hearty co-operation, and we trust that editors will take note of this proposed movement. Should they themselves not be publishers of the journal they edit, we hope they will advise their publishers of the meeting to be held in Washington, September 5, urging them to be present, and give their co-operation to such an organization as shall be for their mutual protection.—*Med. Review.*

NOTICE.

An army medical board will be in session at Washington City, D. C., during October, 1893, for the examination of candidates for appointment to the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the board will make application to the Secretary of War, before September 15, 1893, for the necessary invitation, stating the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between twenty-two and twenty-eight years of age, and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to the board.

Further information regarding the examinations may be obtained by addressing the Surgeon General U. S. Army, Washington, D. C.

GEO. M. STERNBERG.
Surgeon General U. S. Army.

Dr. Louis Lewis has removed to 2011 Arch Street.

DR. D. G. FOSTER, (Jeff. Med. Coll., '73.) blew his brains out, Aug. 19th, at his home at Crafton, Pa. He was 45

years old, and widely known as a physician and a politician. He was Surgeon of the 14th Regiment, Penna. Guard. He leaves a widow and two children. No cause has been assigned for his suicide, except mental derangement from insomnia.

A FATAL disease has broken out among Chester county cattle. It is thought to be murrain.

HYDROPHOBIA is said to have affected cattle at Indian Mills. N. J.

AN advertisement recently appeared in the *New York World*, offering \$5000 to any man who would submit to an experimental surgical operation involving some risk. One hundred and forty-two answers were received. It is said that two physicians in Ecuador are the advertisers, and that they wish to establish a gastric fistula, and repeat the observations made by Beaumont on St. Martin. Half a century has elapsed since these were made, and many new questions have arisen that render such experiments desirable.

GEORGE SCOTT, who is at the Philadelphia City hospital with blood poisoning says that after his toes were amputated at the University Hospital he was turned out of the institution.

THE actors have struck against the abuse of charity that expects them to give their services free for benefit performances. Hereafter, one-fourth of the proceeds of all such entertainments are to go to the Actors' Fund, except in case of local or national calamity.

MEDICO-CHIRURGICAL NEWS.

Professor Garretson is at his country residence at Lansdowne, Pa.

Prof. Stubbs summers at Merion.

Prof. Stewart and family are at Bryn Mawr.

Prof. Keyser goes to Connecticut.

Prof. Goodman has been in the city a large part of the summer.

Prof. Waugh has divided his time between the city and Atlantic.

Prof. Atkinson has been in the city. Of the active faculty.

Prof. Pancoast summers at Elberon.

Prof. Howell is at Atlantic City.

Prof. Shoemaker is in Europe, as well as Profs. Anders, Ashton and Fox.

Prof. Laplace, after a short stay at Bar Harbor, has gone to New Orleans.

Prof. Haehnlén is in the mountains of Pennsylvania.

Prof. Egbert is in Venango Co., Pa.

Profs. Woodbury and Wolfe have made the city their headquarters.

Prof. Morris is in West Virginia.

Prof. Taylor is at Bar Harbor.

WEEKLY REPORT OF INTERMENTS.

PHILADELPHIA, AUGUST 28, 1893.

Deaths and interments in the City of Philadelphia, from the 19th to the 26th of August, 1893.

CAUSES OF DEATH	Adults		CAUSES OF DEATH	Adults	
	Adults	Minors		Adults	Minors
Abscess.....	2	1	Hemorrhage.....	3	
Alcoholism.....	2	1	Homicide.....	1	1
Apoplexy.....	7	7	Inanition.....		10
Anæmia.....	2	1	Influenza.....	1	
Bright's Disease.....	4		Inflam'n Brain.....		13
Burns and Scalds.....	2		" " Bronchi.....		3
Cancer.....	7		" " Kidneys.....		5
Casualties.....	9		" " Lungs.....		8
Cerebro-Spinal Men-			" " Peri'd'm.....		1
ingitis.....	1		" " Perito'm.....		1
Congestion of the			" " Sto. & Bls.....		5
Brain.....	1	6	Insanity.....	1	
Chorea.....	1	1	Indigestion.....	1	1
Cholera Infantum.....	52		Jaundice.....	1	1
" Morbus.....	1		Mania & Pott.....	2	
Cirrhosis of the Liver	8		Marasmus.....		36
Consumption of the			Nur'gia of the Heart	1	
Lungs.....	39	3	Obstruction of the		
Consumption of the			Bowels.....	1	
Bowels.....	1		Old Age.....	8	
Convulsions.....	12		Paralysis.....	4	1
Croup, Membranous..	2		Poisoning.....	1	
Croup.....	1		Purpura Hemorrha-		
Cyanosis.....	1		gica.....	1	
Debility.....	6		Rheumatism.....	2	1
Diabetes.....	1		Shock.....	1	
Diarrhoea.....	2	2	Septicæmia.....	2	
Diphtheria.....	6		Sore Mouth.....		1
Disease of the Brain..	1		Softening of the		
" Heart.....	8		Brain.....	1	
Drowned.....	5		Suicide.....	1	
Dropsy.....	3	2	Tabs Mesenterica...		1
Dysentery.....	1	3	Teething.....		3
Epilepsy.....	1	1	Tetanus.....		4
Erysipelas.....	1		Tumor.....		
Exophthalmic Goitre	1		Ulceration of the		
Fatty Degeneration			Bowels.....		1
of Heart.....	1		Ulceration of the		
Fever, Malarial.....	1		Stomach.....	2	
" Puerperal.....	1		Uremia.....	5	
" Scarlet.....	2		Whooping Cough.....		3
" Typhoid.....	11	3			
Gangrene.....	1		Total.....	177	210